



Employment Application



Enhanced IP Solutions LLC. Is an equal opportunity employer. We are dedicated to a policy of non-discrimination in employment on the basis of race, religion, color, sex, national origin, age, marital status, citizenship, veterans' status, physical or mental disability, that does not prohibit performance of essential job functions or any other basis protected by federal, or applicable state or local law.

GENERAL

Name(First)	(Middle)	(Last)	Social Security Number
Current Address			Home Phone
City, State and Zip Code			Alternate Telephone

Are you at least 18 years of age?	Are you lawfully permitted to work in the United States?		
List any other name you have used to assist us in checking your reference and background:			
Have you ever applied for employment with eIPs?	If yes, Date:		
Were you referred to this company?	If so, by whom?		
Have you ever been convicted of a crime?	If yes, please list the conviction, its date and circumstances. (Note: List only those convictions that have not been expunged.)		
Disclosure of a criminal record will not necessarily disqualify you for Employment consideration. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness. However, failure to disclose such information may result in disqualification of your application or termination of employment.			
Have you ever served in the Armed Forces of the United States? If yes, please indicate which Service, , Date of Discharge __/__/__, Type of Discharge			
Position Applied For	Location Preference	Date Available	Salary Requirement

SPECIAL KNOWLEDGE AND SKILLS

List your special knowledge and skills, and any equipment that you can operate:
What computer applications are you familiar with?

AWARDS / SPECIAL RECOGNITION

List any awards or honors (business, civic, academic) which you have received:
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EDUCATION

Type of School	Name of School	Courses Majored In	Last Year Completed	Graduate? Degrees Received	When?
High School				Degree:	Do not fill in this date
College				Degree:	
Post Graduate				Degree:	
Technical and Other				Degree/Certificate:	

CERTIFICATIONS

Certification:	Date Achieved:
Certification:	Date Achieved:
Certification:	Date Achieved:
Certification:	Date Achieved:
Certification:	Date Achieved:

EMPLOYMENT HISTORY

Employer	Immediate Supervisor	May we Contact	
Address	Employer Phone	Employed From	Employed To
City, State, Zip	Starting Salary (per year)	Final Salary (per year)	
Position Title and Description of Job Duties (If not included in Resume)	Reason For Leaving		
Employer	Immediate Supervisor	May we Contact	
Address	Employer Phone	Employed From	Employed To
City, State, Zip	Starting Salary (per year)	Final Salary (per year)	
Position Title and Description of Job Duties (If not included in Resume)	Reason For Leaving		

EMPLOYMENT CONTINUED

Employer	Immediate Supervisor	May we Contact	
Address	Employer Phone	Employed From	Employed To
City, State, Zip	Starting Salary (per year)	Final Salary (per year)	
Position Title and Description of Job Duties (If not included in Resume)	Reason For Leaving		

ADDITIONAL EMPLOYMENT

Work history prior to or in addition to employment outlined above. Include volunteer or community service work.

Name/ Address of Employer/Group	Employed From	To	Job Title	Reason for Leaving

Have you entered into any agreements with a former employer (for example, an agreement not to compete or confidentiality agreement) that would impact your ability to do work for eIPs?

REFERENCES

Please list 3 business acquaintances that are qualified to comment on your ability and experience. In most cases, these references will be contacted by eIPs. Do not list any person that you do not want us to contact.

Name	Title	Company & Address	Telephone	Relationship to You

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT ANY INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. ANY EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE; I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____

DATE _____